Image# 12940376323 PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Election on Termination Report (TER) Terminati		For Other Than Ai	n Authorizea	Committe	e		Office Use Only	
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ C C 000328999 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Phy Port		TYPE OR PRINT ▼			ig, type	12FE4M5		
Appless (number and street) Chack if different than previously reported. (ACC) WASHINGTON CITY STATE ZIP CODE C C00325936 3. IS THIS REPORT (N) OR AMENDED APPROPRIATION NUMBER FROM (N) OR AMENDED (A) TYPE OF REPORT (Choose One) (B) May 20 (M5) Aug 20 (M6) Nov 20 (M1) Nov Exercise to the Convention (Na) Separation (Na) Separ	SOCIETY OF THORA	ACIC SURGEON	S POLITICA	AL ACTIC	ON COMM	IITTEE		
Appless (number and street) Chack if different than previously reported. (ACC) WASHINGTON CITY STATE ZIP CODE C C00325936 3. IS THIS REPORT (N) OR AMENDED APPROPRIATION NUMBER FROM (N) OR AMENDED (A) TYPE OF REPORT (Choose One) (B) May 20 (M5) Aug 20 (M6) Nov 20 (M1) Nov Exercise to the Convention (Na) Separation (Na) Separ	<u> </u>	<u> </u>						
Chock if different than previously reported: (ACC) 2. FEC IDENTIFICATION NUMBER C C C00325936 3. IS THIS REPORT X NEW (N) OR AMENDED (ACC) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (O1) July 15 Quarterly Report (O2) October 15 Quarterly Report (O2) October 15 Quarterly Report (O2) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Chry) Termination Report (O2) POST-Election General (30G) Runoff (30R) Special (30S) Termination Report (TER) To verify Post (10) Special (10) Special (30S) Termination Report (10) Ter	ADDRESS (number and street)	20 F STREET, NW						
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V C C C00325936 3. IS THIS NEW (N) OR AMENDED (A) AMENDED (A) AMENDED (A) AMENDED (A) AMENDED (A) Nov 20 (M11) Report (Choose One) (a) Quarterly Reports: Apri 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (M7) Termination Report (TER) Termination Report (A) Nov 20 (M8) AMENDED (B) Monthly Report (M9) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M10) Jan 31 (YE) (C) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report (Non-election Year-End Report (Non-election Year Only) (M7) (d) 30-Day Post-Election General (30G) Runoff (30R) Special (30S) Report for the: Election on 11 0 06 2012 through 10 17 2012 Termination Report (TER) Termination Report To Print Name of Treasurer Dr. Sidney Levitsky Electronically Filed Date 10 23 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. PEC FORM 3X Rev. 122004	Check if different	SUITE 310 C						
A. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) Temination Report (Q2) April 15 Quarterly Report (Q2) Quarterly Report (Q3) Temination Report (Q2) April 15 Quarterly Report (Q3) Temination Report (Q2) April 15 Quarterly Report (Q3) Temination Report (Q3)	than previously	WASHINGTON				DC	20001-6704	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (Q1) July 31 Mid-Year Report (Non-election Year Chyl) Termination Report (TER) Election on 111 06 / 2012 in the Election Report of the: Covering Period 10 / 01 / 2012 through 10 / 17 / 2012 Coertify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dr. Sidney Levisky NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. \$437g. FEC FORM 3X Rey 122004	2. FEC IDENTIFICATION N	IUMBER ▼	CITY 🛦		S	STATE A	ZIP CO	ODE A
(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Terminatio	C C00325936			\sim				
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April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Termination Report ((a) Quarterly Reports:		` '		, ,	H		Year Only)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election General (30G) Report for the: General (12G)		(Q1) (Q1)				.—		
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election Report for the: I termination Report (TER) Divided the person signing this Report to the penalties of 2 U.S.C. §4379. Office Use Dr. Sidney Levitsky Find the State of N. M.	July 15	(Q2) PRE-Elect	ion					Runoff (12R)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Dr. Sidney Levitsky Dr. Sidney Levitsky Election on 11 06 2012 State of					.20)			
Report (Non-election Year Only) (MY) POST-Election Report (TER) Report for the: Election on Election on General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Formulation Report in the State of Election on Election on Formulation Report in the State of Election on Formulation Report in the State of Election on Formulation Report in the State of Formulation Report in the State of Formulation Report in the State of Electronically Filed) Formulation Report in the State of Formulation In the State of Formulation In the State of For		(YE)	Election on					of
Termination Report (TER) Election on Election on Election on In the State of State of Towns and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dr. Sidney Levitsky [Electronically Filed] Date Dr. Sidney Levitsky Dr. Sidney Levitsky [Electronically Filed] Date FEC FORM 3X Rev. 12/2004	Report (Non-electi	POST-Elec		General (30G	i)	Runoff (3	30R)	Special (30S)
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dr. Sidney Levitsky [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004				M = M /	D = D /	Y = Y = Y = Y		
Type or Print Name of Treasurer Dr. Sidney Levitsky [Electronically Filed] Date FEC FORM 3X Rev. 12/2004				through	10]
Type or Print Name of Treasurer Dr. Sidney Levitsky [Electronically Filed] Date FEC FORM 3X Rev. 12/2004	I certify that I have examined	this Report and to the I	pest of my know	vledge and b	elief it is true	e, correct and	d complete.	
Signature of Treasurer Dr. Sidney Levitsky [Electronically Filed] Date 10 23 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004	Type or Print Name of Treasur	rer Dr. Sidney Levitsky					•	
Office Use FEC FORM 3X Rev. 12/2004	Signature of Treasurer Dr.	Sidney Levitsky		[Electronically	Filed] Da			
Use Use Rev. 12/2004	NOTE: Submission of false, erro	neous, or incomplete info	ormation may su	bject the pers	son signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
	1 1							

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

10 2012 2012 Report Covering the Period: 10 17 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 102788.42 January 1, 2012 (b) Cash on Hand at 93875.27 Beginning of Reporting Period..... 83374.00 4515.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 98390.27 186162.42 6(a) and 6(c) for Column B)..... 25508.82 113280.97 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 72881.45 72881.45 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Repo	ort Covering the Period: From:		10 17 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ontributions (other than loans) From:) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	2915.00	74945.00
	(ii) Unitemized(iii) TOTAL (add	1600.00	8429.00
	Lines 11(a)(i) and (ii)	4515.00	83374.00
(b	,	0.00	0.00
(c)	(such as PACs)	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ansfers From Affiliated/Other	4515.00	83374.00
	arty Committees	0.00	0.00
13. AI	Loans Received	0.00	0.00
15. Of	nan Repayments Receivedfsets To Operating Expenditures	0.00	0.00
(C 16. Re	efunds, Rebates, etc.) arry Totals to Line 37, page 5)	0.00	0.00
Po	Federal Candidates and Other litical Committees her Federal Receipts	0.00	0.00
(D	ividends, Interest, etc.)ansfers from Non-Federal and Levin Funds	0.00	0.00
(a	Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c)	Total Transfers (add 18(a) and 18(b))	0.00	0.00
	tal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))▶	4515.00	83374.00
	tal Federal Receipts ubtract Line 18(c) from Line 19)▶	4515.00	83374.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Valoridai Todi to Date
Activity (from Schedule H4)		0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	508.82	5280.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	508.82	5280.97
Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	25000.00	108000.00
Independent Expenditures	0.00	0.00
(use Schedule E)		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
(aud Lines 20(a), (b), and (c))		
. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(7 - 555) 516.5		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25508.82	113280.97
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	25508.82	113280.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4515.00	83374.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4515.00	83374.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	508.82	5280.97
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	508.82	5280.97

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	:	6	OF	14	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC S	URGEONS POLITICAL ACTION CC	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. James W. Asaph Mailing Address 4401 Southwest Westdal	e Drive	Date of Receipt
Mailing Address 4401 Southwest Westdan	e Diive	10 03 2012
City	State Zip Code	Transaction ID : SA11AI.11257
Portland	OR 97221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Retired	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Linda J. Bogar	'	Date of Receipt
Mailing Address 1632 Paper Mill Road		10 12 2012
City	State Zip Code	Transaction ID : SA11AI.11288
Meadowbrook	PA 19046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Thomas Jefferson University	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dr. David W. Frantz		Date of Receipt
Mailing Address 2410 Atherholt Road		10 01 2012
City	State Zip Code	Transaction ID : SA11AI.11266
Lynchburg	VA 24501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Centra Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	11)	1000.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAG	E 7 OF	14
(check on	y one)			
X 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using	ig the name and address of any political committee	
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC S	SURGEONS POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial) Dr. John C. Ofenloch		Date of Receipt
Mailing Address 109 Driftwood Lane		10 03 2012
City	State Zip Code	Transaction ID : SA11AI.11262
Largo	FL 33770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	7
Cardiac Surgical Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Timothy L. Van Natta		Date of Receipt
Mailing Address 3249 Whiffletree Lane		M = M / D = D / Y = Y = Y
City	State Zip Code	10 03 2012
Torrance	State Zip Code CA 90505	Transaction ID : SA11AI.11264
	90303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	550.00
Name of Employer	Occupation	
Harbour-UCLA Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial)		Date of Possint
Mailing Address 2010 Church Street		Date of Receipt
ZUTU Church Street		10 012012
City	State Zip Code	Transaction ID : SA11AI.11268
Nashville	TN 37203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	\dashv
Baptist Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	al)	1550.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF		14
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SU	JRGEONS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Cameron D. Wright Mailing Address 873 East Broadway		Date of Receipt
City Boston FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MA 02127 C Occupation	Transaction ID: SA11AI.11280 Amount of Each Receipt this Period 365.00
Massachusetts General Hospital Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 730.00	
Full Name (Last, First, Middle Initial) 3. Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	C Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional))	365.00
TOTAL This Period (last page this line numb	per only)	2915.00

S 17

SC	CHEDULE B (FEC Form 3X)			T ==	D	IF NUMBER: PAGE 9 OF 14								
	EMIZED DISBURSEMENTS	Use separate schedule(s) (che										17		
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		Detailed	Summary Page		27	+	28a		28b	H	28c	29		30b
Ar	y information copied from such Reports and Staten	nents may r	not be sold or us	sed by a	inv ne	rson	for the	pur	oose o	of so	licitina	contrib	utions	<u>. </u>
	for commercial purposes, other than using the name													
\setminus	NAME OF COMMITTEE (In Full)													
$ \rangle$	SOCIETY OF THORACIC SURGE	ONS PO	DLITICAL A	CTIO	N C	ON	иΜΙΤΊ	ГЕЕ	<u> </u>					
$oldsymbol{oldsymbol{\angle}}$														
Α.	Full Name (Last, First, Middle Initial)						D	(5:						
A.	American Express						Date o	_		men				
	Mailing Address P.O. Box 53852						10	/	0:	D 5	/ Y	2012	Y	
	Walling Address F.O. Box 33032						10		Ū.	3		2012		
	City	State	Zip Code			\dagger	-				045.4	1004		
	Phoenix	AZ	85072				ı ran:	sacti	on ID	: SB	21B.11	1284		
	Purpose of Disbursement Credit Card Fees													
				L.			Amour	nt of	Each	Disb	urseme	ent this	Perio	od
	Candidate Name			Cate								7	5.73	
	Office Sought: House Disbursen	nent For		Тур	рe	\dashv			7		7			
		Primary	General											
	President	Other (spec												
_	State: District:							_						
	Full Name (Last, First, Middle Initial)													
В.	Authorize.Net						Date of	of Dis	sburse	men	t			
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	Mailing Address P.O. Box 8999						10		0	2		2012		
	City	State	Zip Code			+								
	San Francisco	CA	2ip Code 94128				Tran	sacti	ion ID	: SE	21B.1	1285		
	Purpose of Disbursement			_		\dashv								
	Credit Card Fees				, 1	Amount of Each Disbursemen				ent this	Perio	od		
	Candidate Name			Cate	ategory/					25.46				
				Тур					7	-	7		25.16	
	Office Sought: House Disbursen													
		Primary	General											
	State: District:	Other (spec	Sily) ▼											
_	Full Name (Last, First, Middle Initial)					+								
C.	Merchant Services						Date o	of Dis	sburse	men	t			
	MOTORIALIT OCT VICES						M - N	_		D		YY	Y	
	Mailing Address 7300 Chapman Highway					\neg	10		0:	_		2012		
						\perp								
	,	State	Zip Code				Tran	sacti	ion ID	: SB	21B.1	1286		
	Knoxville Purpose of Disbursement	TN	37920			\dashv								
	Credit Card Fees						Amour	nt of	Each	Dich	urcom	ent this	Dorio	nd.
	Candidate Name			Cata	non./		Amour	IL OI	Lacii	מאוח	ursem	eni inis	reno	Ju
				Cateo								36	37.70	
	Office Sought: House Disburser			, ,,	·	\dashv					7			
	Senate	Primary	General											
	President	Other (spec	cify) ▼											
_	State: District:													
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Ls	UBTOTAL of Disbursements This Page (optional)				···· •			_	7		7	40	8.59	
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S 17

SCHEDULE B (FEC Form 3X)		F05 :	PAGE 10 OF 14					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	TE TOMBETT.					
II EINIIZEN DISDOKSEINIEN IS	for each category of the	21b	22 23 24 25	26				
	Detailed Summary Page	27	28a 28b 28c 29	30b				
Any information copied from such Reports and State	ments may not be sold or us	sed by any person	on for the purpose of soliciting contributions	 }				
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
$ \; angle$ society of thoracic surge	ONS POLITICAL A	CTION CO	MMITTEE					
Full Name (Last First Middle Initial)								
Full Name (Last, First, Middle Initial)			Date of Disbursement					
A. Merchant Services			M M / D D / Y Y Y Y					
Mailing Address 7300 Chapman Highway			10 10 2012					
City	State Zip Code		Transaction ID : SB21B.11287					
Knoxville Purpose of Disbursement	TN 37920							
Credit Card Fees			Amount of Each Disbursement this Perio	od				
Candidate Name		Category/		_				
		Type	40.23					
Office Sought: House Disburse	ment For:							
Senate	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B.			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address								
City	State Zip Code							
Purpose of Disbursement								
·			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type		_				
	ment For:							
Senate President	Primary General Other (specify) ▼							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
C.			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address								
City	State Zip Code							
S.A.y	Siato Zip Oode							
Purpose of Disbursement								
			Amount of Each Disbursement this Period	bd				
Candidate Name	Candidate Name Category							
Office Sought: House Disburse	Office Sought: House Disbursement For:							
Senate Disburse	Primary General							
President	Other (specify)							
State: District:	· · · · · · · · · · · · · · · · · · ·							
				$\overline{}$				
SUBTOTAL of Disbursements This Page (optional).			40.23					
			508.82					
TOTAL This Period (last page this line number only	·)		508.82					

SCHEDULE B (FEC Form 3X)	Han annual colored to	, FOR LINE	NUMBER: PAGE 11 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	ine and address of any poli	icai committee to	Solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		OTION OO	
angle SOCIETY OF THORACIC SURGI	EONS POLITICAL A	ACTION CO	MIMITIEE
Full Name (Last, First, Middle Initial)			
A. CONNOLLY FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 563			10 03 2012
City	State Zip Code		
MERRIFIELD	VA 22116		Transaction ID: SB23.11270
Purpose of Disbursement			
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
GERRY CONNOLLY		Type	1000.00
	ement For: 2012		
Senate	Primary General		
State: VA District: 11	Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONA B. DEMOCRATIC CON		48.41TTEE	Date of Disbursement
5. DEMOCRATIC CONGRESSIONA	AL CAMPAIGN COM	/IIVII I E E	Man / Dan / Yangara
Mailing Address 430 SOUTH CAPITOL STREET,	SF		10 16 2012
100 000 111 0/W 11 0E 011 KEE 1,	02		
City	State Zip Code		Transaction ID : SB23.11296
WASHINGTON	DC 20003		
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Feriod
Carradate Hame		Category/ Type	1000.00
Office Sought: House Disburse	ement For:	1,750	
Senate	Primary General		
President	Other (specify)		
State: District:	_		
Full Name (Last, First, Middle Initial)			
DEMOCRATIC SENATORIAL CA	MPAIGN COMMIT	ΓEE	Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 120 MARYLAND AVENUE, NE			10 16 2012
City	State Zip Code		
WASHINGTON	DC 20002		Transaction ID : SB23.11297
Purpose of Disbursement			
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
		Туре	2500.00
	ement For:		
Senate	Primary General		
President District:	Other (specify) ▼		
State: District:			
			4500.00
SUBTOTAL of Disbursements This Page (optional)		·····	4000.00
TOTAL This Pariod (last page this line number only	Λ		
TOTAL This Period (last page this line number only	y		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 12 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and St	atements may not be sold or u		
or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
$ \; angle$ SOCIETY OF THORACIC SUR(GEONS POLITICAL A	CTION CO	MMITTEE
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF CHRIS MURPHY			Date of Disbursement
FRIENDS OF CHRIS WORFHT			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 127			10 03 2012
City	State Zip Code		
CHESHIRE	CT 06410		Transaction ID : SB23.11276
Purpose of Disbursement			
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name CHRISTOPHER S. MURPHY		Category/	1500.00
	rsement For: 2012	Туре	
▼ Senate	Primary X General		
President	Other (specify) ▼		
State: CT District: 00			
Full Name (Last, First, Middle Initial)	040		Data of Dishuraament
B. MCCASKILL FOR MISSOURI 2	012		Date of Disbursement
Mailing Address 700 13TH STREET, NW			10 03 _ 2012 _
City	State Zip Code DC 20005		Transaction ID : SB23.11273
WASHINGTON Purpose of Disbursement	DC 20005		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
CLAIRE MCCASKILL		Type	1000.00
Office Sought: House Disbu	rsement For: 2012 Primary General		
President	Other (specify)		
State: MO District: 00			
Full Name (Last, First, Middle Initial)			
C. NATIONAL REPUBLICAN CON	GRESSIONAL COMN	4ITTEE	Date of Disbursement
Mailing Address 320 1ST STREET, SE			10 16 2012
Maining Addition 520 for Officer, 62			
City	State Zip Code		Transaction ID : SB23.11298
WASHINGTON Purpose of Disbursement	DC 20003		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Туре	5000.00
	rsement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Carlot (opcony)		
SUBTOTAL of Disbursements This Page (options	al)		7500.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	-
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any politi	car committee to	Solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		CTION CO	
angle SOCIETY OF THORACIC SURGI	EONS POLITICAL A	CTION CO	MIMITIEE
Full Name (Last, First, Middle Initial)			
A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE			Date of Disbursement
Mailing Address 425 SECOND STREET, NE			10 03 / 2012
City	State Zip Code		Transaction ID : CD22 44270
WASHINGTON	DC 20002		Transaction ID: SB23.11279
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate President	ement For: Primary	71	
State: District:			
Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN SENA	TORIAL COMMITTE	E	Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 425 SECOND STREET, NE			10 16 2012
City WASHINGTON	State Zip Code DC 20002		Transaction ID : SB23.11299
Purpose of Disbursement	20002		
CONTRIBUTION		1 11	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Senate President State: Disburse	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS			Date of Disbursement
Mailing Address 3440 YOUNGFIELD STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zin Code		
City WHEAT RIDGE	State Zip Code CO 80033		Transaction ID: SB23.11292
Purpose of Disbursement CONTRIBUTION			
Candidate Name			Amount of Each Disbursement this Period
EDWIN G. PERLMUTTER		Category/ Type	1500.00
Office Sought: House Disburse Senate President	rment For: 2012 Primary	.,,,,,	
State: CO District: 07			
SUBTOTAL of Disbursements This Page (optional).		·····	11500.00
TOTAL This Davidd (lost nose this line number only	,\		
TOTAL This Period (last page this line number only	· J · · · · · · · · · · · · · · · · · ·		

SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 14 OF 14	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 14 (check only one)		
I I EINILED DISDURSEMENTS	for each category of the	21b	22 🔀 23 24 25 26	
	Detailed Summary Page	27	28a 28b 28c 29 30b	
Any information copied from such Reports and Staten	nents may not be sold or use	ed by any nerse	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
$ \; angle$ SOCIETY OF THORACIC SURGE	ONS POLITICAL AC	CTION CO	MMITTEE	
Full Name (Last, First, Middle Initial)				
A. SCOTT RIGELL FOR CONGRESS Mailing Address 915 FIRST COLONIAL ROAD			Date of Disbursement	
			10 16 2012	
Maining Addition 910 FIRST COLONIAL ROAD			10 2012	
City	State Zip Code		Transaction ID ODGG 11000	
VIRGINIA BEACH	VA 23454		Transaction ID : SB23.11293	
Purpose of Disbursement CONTRIBUTION				
			Amount of Each Disbursement this Period	
Candidate Name EDWARD S. RIGELL		Category/	1500.00	
	nent For: 2012	Туре		
	Primary Seneral			
President	Other (specify) ▼			
State: VA District: 02				
Full Name (Last, First, Middle Initial)				
В.			Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y	
Mailing Address				
City	State Zip Code			
	· 			
Purpose of Disbursement		$\overline{}$	Amount of Fools Districtions 1911 D. 111	
Candidate Name			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type		
Office Sought: House Disburser	nent For:	iype		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
Ivialility Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type		
Office Sought: House Disburser	nent For:	Type		
	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)			1500.00	
			25000.00	
TOTAL This Period (last page this line number only)			23000.00	